

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000049116

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** JACKSONVILLE KIDS PEDIATRICS, PLLC

**Current Principal Place of Business:**

7807 BAYMEADOWS ROAD EAST  
SUITE 207  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7807 BAYMEADOWS ROAD EAST  
SUITE 207  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 26-2656419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRAZIER, W. ROBINSON  
1515 RIVERSIDE AVE., SUITE A  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KOSTUR, ALEXANDRA M M.D.  
Address: 13743 SAXON LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 322252624

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALEXANDRA KOSTUR

MGR

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date